



Mental Health and Disability Services Redesign

Children's Disability Services Workgroup

Meeting #5

November 7, 2012

10:00 am – 3:00 pm

Polk County River Place

2309 Euclid Ave.

Des Moines, IA 50310

MINUTES

ATTENDANCE

Workgroup Members: Jennifer Vermeer, Mark Peltan, Marilyn Althoff, Gail Barber, Nicole Beaman, Dana Cheek, Paula Connelly, Jim Ernst, Jerry Foxhoven, Jason Haglund, Nick Juliano, Sheila Kobliska, Samuel Kuperman, Janice Lane, Wendy Rickman, Jason Smith, David Stout, Shanell Wagler, Debra Waldron,

Legislative Representation: Senator Nancy Boettger, Representative Renee Schulte

Facilitator: Elizabeth 'Liz' Waetzig, Change Matrix

DHS/IME Staff: Director Palmer, Joanna Schroeder, Laura Larkin, Pam Alger, Theresa Armstrong, Sally Nadolsky, Don Gookin

Other Attendees:

David Basler

Amanda Lynam

Vickie Miene

Kris Bell

Karen Bongher

Amber DeSmet

Aaron Todd

Susan Osby

Sheila Hansen

Danielle Oswald-Thole

Rhonda Rairden

Susan Whitty

Child Serve

Sequel Youth/Family Services

Community Circle of Care/CHSC

Senate Democratic Caucus

Polk County Health Services (PCHS)

Legislative Services Agency (LSA)

Legislative Services Agency (LSA)

Polk County Health Services

Child and Family Policy Center

Child and Family Policy Center

Iowa Department of Public Health

Iowa Nurses Association

INTRODUCTORY COMMENTS

- Liz Waetzig recapped the discussion from the last meeting centering on the development of a State Level Group, what it was, what it will do, etc.
- The current system is out of balance. The workgroup started with the Out of State (OOS) children/youth because of the behavioral issues that Iowa providers could not address. Health Homes are a way of introducing a system to serve the children/youth with co-occurring conditions and behavioral problems. Community providers may require special skills/training to serve the children/youth in Health Homes.

DISCUSSION REGARDING COST STRUCTURE

- Along with the development of Specialized Health Homes, the cost structures need to be developed soon into the process so providers can work with the high end children/youth and have staff supports to do so.
- IME recognizes that program development will involve reimbursement alignments with levels of care.
- Look at capacity and efficiency to take down existing barriers, and build capacity/reimbursement.

DISCUSSION REGARDING CAPACITY

- What are we doing with children/youth that are OOS and take up inpatient beds or the children/youth that languish in a hospital waiting for an open bed somewhere else? Magellan is working on data to include in the final report re: OOS children/youth.
- The theory is that if children/youth that are filling acute care beds are stabilized then a Specialized Health Home would assist with discharge planning. Magellan is developing services to serve all children/youth.
- Often times we know what a child/youth needs but Iowa Medicaid does not fund it. There is no capacity for a certain level of care that is largely driven by rates. And we need to resolve the provider capacity problem.
- HCBS waiver program does not have a good mechanism for access especially for ID waiver. Need to build capacity of providers of HCBS services and involve civic groups, etc. – partnerships with community providers/agencies.
- DD population has been left out. Need to address co-occurring diagnoses that include the DD population.
- Addressing high-end kids with co-occurring conditions addresses the ID/DD population.

Liz Waetzig noted that Health Homes are starting with children/youth with a SED. Many children/youth with a SED have co-existing diagnoses and behavioral concerns. The bigger challenge is the emotional component for the children/youth.

REFINE CHARGE FOR STATE LEVEL GROUP

Workgroup members stressed the importance of identifying goals and timelines for the State Level Group, particularly related to preventing OOS placements and bringing OOS children/youth back to Iowa over the next 12 months. This would force the issue

to work on building provider capacity to serve Iowa children/youth in Iowa. This would establish a set of outcome measures that they will be accountable to, and they would have to write a report for the Governor and the Legislature. It was recommended to include data/cost on OOS children/youth and data/cost on children/youth receiving mental health services on an outpatient basis.

Workgroup members suggested the following to enhance the Charge of the State Level Group:

- Cite the need to improving partnerships to move the current System of Care (SOC) forward and include the alignment of purpose and improving aspects of child health in Iowa.
- Refer to the vision statement for Early Childhood Iowa. Review this to see if it could be aligned with the draft charge.
- Build the higher order functionality and identify the infrastructure of the State Level Group in the report.
- Need more clarity on populations, co-occurring diagnoses, what Health Homes are, and how the State Level Group will guide the infrastructure.
- Find a way to create a little more clarity as the system evolves over time.
- One group member cited that the report has one (1) recommendation, with the other recommendations being steps to get to the one (1) recommendation. There is a need to expand on the other recommendations. This report has to be specific so the Legislature gets the point.
- This provides a level of care and has administrative duties. How does this charge funnel down to the local level? We need to make recommendations based on the needs of high end children/youth.
- Cite an example of a child/youth in need in the final report. This could be a system story or an individual story.
- State Level Group will need to conduct a comprehensive needs assessment in Iowa to determine what is currently available and to identify gaps in services.

REVIEW RECOMMENDATIONS IN DRAFT REPORT

Iowa Medicaid Enterprise (IME) has plans to establish Health Homes in 10 geographic areas of Iowa based on available services. The Health Homes will expand/grow as the system grows.

Representative Renee Schulte stressed the need to keep the report short otherwise you will have a book that Legislators might not read in its entirety. Be brief, and include strategic stories to support the ideas. The stories need to highlight challenges and success stories.

The idea is to build the system over the long term while keeping in mind what can be done in the short term. There may be things that can be done immediately without legislation while the State Level System is being organized. The system has to relate to the Child Welfare and Juvenile Justice Systems, and this will be one part of a continuum of care for children/youth.

Workgroup members recommended adding the following agencies or stakeholders to the State Level Group:

- Department of Public Health
 - Representative from Title V
 - Representative from the Division of Substance Abuse
- Department of Education
 - Staff from AEAs
- Primary Care Providers
 - Primary Health Care
- Legislators

As the State Level Group evolves, the membership will expand.

The workgroup offered the following as guidelines to membership of the State Level Group:

- Need 10-15 members that includes the 5 State Agency Directors;
- Need 2 Legislators; and
- Children/youth and their families.

Workgroup members expressed concerns that some professionals will not come to the table.

PUBLIC COMMENT

Comment: Magellan is working with IME on the Health Home model. With children/youth, Magellan is at the very beginning of developing a model for the state. The current SOC models work in the structure that CMS has provided for the Health Home. While this will help at provider driven solutions, it does not create access for all children/youth. CMS guidelines prevent a Health Home to be used for treatment or to fund services. It is a program that will phase out and roll out across the state. It will be community based. The more control over the flexibility to use waivers and free up the teams to apply the right resources where they are needed most. This will lead to more solid outcomes in a system where accountability is needed. This is a tool for providers to evolve with the Health Home. Magellan will work as a partner with the providers.

Comment: A physician from Blank Children's Hospital cited how parts of the system today are helpful. It will be important to educate families on how to navigate the system. Physical health and mental health are difficult to separate. It will be important to get children/youth and their families into a SOC before families use resources they do not need.

Comment: This workgroup has a huge undertaking and have done a lot of work. There is a need to focus on OOS children/youth with a SED diagnosis. While you are looking at all the details associated with a

SOC, please keep in mind issues related to children/youth that have experienced trauma and how this impacts their mental development. Project Launch is one program that promotes healthy mental development for children/youth.

Comment: I am a middle school teacher and adjunct professor at Drake University. I and others have been [gathering data about mental health issues in schools](#). The data collected has been sent to every AEA and school in Iowa. There is a list of five (5) solutions for getting help into the schools to address the mental health concerns for children/youth. This is a very real problem in our community. Students have mental health needs that are unmet, and there is an incredible lack of resources. Consider this report that I am handing out as you go forward with this workgroup. I have had personal injuries from aggressive students, and have a new appreciation for the phrase ~ 'It takes an act of Congress to change anything.

Response: The education community needs to be more vocal. We do not hear a lot of what is happening in the classroom. The more we hear then the more the legislators will know about the issues in the school.

Comment: I work in the schools as a nurse. In my area, we have served over 400 children/youth in the past year. There are three (3) points I would like to make re: the work of this group:

1. When it comes to the governance board, Magellan needs to be at the table. So do other third party payers.
2. The Mental Health Centers are providing a lot of services with little funding and low pay to staff.
3. There have been school based mental health programs in the Dubuque area since 1980. The service providers have been creative in funding the program. Health Homes are at the meetings we have to address mental health/behavioral needs of the students. We meet weekly to go over the roster of children/youth with mental health/behavioral needs.

** There will be a conference call for workgroup members to review the DRAFT report on Thursday, November 29, 2012 from 2:30 pm – 3:30 pm CST.

FOR MORE INFORMATION

Handouts and meeting information for each workgroup will be made available at: <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the Redesign workgroups will be posted there